Update: Preparing for Stage 3 of Meaningful Use

June 15, 2016 - Development efforts have been underway following publication of the Stage 3 Final Rule with Comment Period. We are also reviewing the recent preliminary MACRA legislation which may change requirements for Medicare Eligible Providers (EP), but is not expected to alter the program for Eligible Hospitals (EH)/Critical Access Hospitals (CAH).

This update aims to assist you with budget and resource planning for Meaningful Use Stage 3. We will continue to provide more information as it becomes available. *Information contained in this document is based on what we know today and is subject to change as regulations continue to evolve.

Timelines & Objectives
Stage 3 reporting will be mandatory for all participants beginning on January 1, 2018, regardless of prior stage. A full calendar year reporting period is anticipated, with limited exceptions for Medicaid first-time participants only. Objectives and measures are outlined in Table 16 of the Final Rule with Comment Period.

Update Deployment
MEDITECH’s certified releases for Meaningful Use Stage 3 will be 5.67, 6.08, and 6.15. When available, 6.16 will also be certified. Our focus in 2016 is on deploying full ring updates to bring the majority of our customers to these base releases. During the first half of 2017, the certified code required for Stage 3 reporting will be deployed to all customers. Hospitals that have already taken the full ring release update will receive the certified code via a priority pack top off. Turnaround time for testing the top off will be limited to four weeks. We will reach out in the fall to schedule specific update dates.

We are preparing for the possibility that additional changes may need to be delivered after the certified code. The method to deploy any additional changes would be determined based on the scope of work.

For organizations using MEDITECH's Patient and Consumer Health Portal (PHM) and updating to 6.08 or 6.15, it is required that the Portal environment be updated to the new 2.01 release. Hardware information pertaining to this update will be included with your hardware evaluation task. For organizations using Patient Portal and already utilizing version 2.01, a priority pack top off will be required. The 2.01 update and top off schedules, along with the turnaround time for testing, will coincide with your 5.x or 6.x top off.

Interoperability
Implementation and testing of interface projects is expected to be the most resource intensive piece of meeting Meaningful Use Stage 3. Dedicated resources for these projects will be necessary. Most interfaces implemented in Stage 2 will be updated to a new implementation guide, as mandated by CMS and ONC. Also, new interfaces and additional CDA document types are being introduced. New interfaces may require licensing and/or implementation fees as well as monthly maintenance upon go LIVE. Information on pricing will be forthcoming. Please find a high-level summary of what to expect below.

- A new version of C-CDA implementation guide, CDAv2.1 introduces enhancements to the C-CDA document construct with additional data categories, such as implantable medical devices, goals, and health concerns. Content changes in the clinical data set, such as author participation and
criticality observation are also required. In addition to supporting the CCD, new document types are being introduced, including referral notes and discharge summaries.

- There is a requirement of the EHR to respond to an API request for patient selection, a specific clinical data category, and all data. Your Stage 3 software release will include an API infrastructure to host services that will support these requests based on HL7 FHIR standards. It is important to note that deployment of this interface using an other vendor patient specific app will require a consultation with MEDITECH.

- Immunization interfaces that can query out to registries are being introduced; these will enhance data sharing by consuming immunizations from immunization repositories.

- Syndromic Surveillance interfaces are being augmented to include additional data, such as a patient problem list, medication list, provider specialty, and address.

- Additional certified interface offerings will include health care surveys and electronic case reporting.

- Changes have been made to Direct Transport in the 2015 Certified Edition to establish a more uniform standard so Edge Systems and HISPs can easily interoperate with a variety of different HISP partners. Please verify that your HISP will be adhering to these new standards.

The Public Health and Clinical Data Registry Reporting objective requires EHs/CAHs and EPs to be in active engagement with a public health or clinical data registry to submit data using Certified EHR Technology. EHs/CAHs will report on four of six measures. EPs will report on two of five measures. An exclusion to a measure will not count toward the total. Measures 4 and 5 may be counted more than once as outlined in Table 10 of the Final Rule with Comment Period.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum times measure can count towards objective for EP</th>
<th>Maximum times measure can count towards objective for eligible hospital or CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 1 – Immunization Registry Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 2 – Syndromic Surveillance Reporting</td>
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<td>1</td>
</tr>
<tr>
<td>Measure 3 – Case Reporting</td>
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<td>1</td>
</tr>
<tr>
<td>Measure 4 - Public Health Registry Reporting*</td>
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<td>4</td>
</tr>
<tr>
<td>Measure 5 - Clinical Data Registry Reporting**</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Measure 6 - Electronic Reportable Laboratory Results</td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

*EPs, eligible hospitals, and CAHs may choose to report to more than one public health registry to meet the number of measures required to meet the objective. A specialized registry to which the EP, eligible hospital or CAH reported using Active Engagement Option 3: Production in a prior year under the EHR Incentive Programs in 2015 through 2017 public health reporting objective may also count toward the measure in 2017, 2018 and subsequent years.

**EPs, eligible hospitals, and CAHs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.
The following Public Health option uses an existing interface and does not require an update to new specifications:

- Reportable Laboratory Tests and Values/Results

The following Public Health options use existing interfaces which were updated to new interface specifications:

- Immunization Registries: As noted above, the new specifications require data to be consumed from Immunization Registries in addition to the existing outbound interface.
- Syndromic Surveillance
- Cancer Registries (EPs only)

The following Public Health options require a totally new interface to be implemented:

- Electronic Case Reporting
- Health Care Surveys

The following Public Health option will be certified as a SQL report, as opposed to an interface:

- Antimicrobial Use & Resistance Reporting

Additional selections for Public Health Registry Reporting and Clinical Data Registry Reporting are available to EHS/CAHs; however, specifications and certification criteria have not been defined.

Hardware Evaluations

Evaluations have been completed for full updates to 5.67 and 6.08 — please review the recommendations via your hardware evaluation task. An updated evaluation will be performed for each organization in early Q4 2016, following completion of Stage 3 code. Tasks will be opened under the TECH Module with the subject “HARDWARE EVALUATION: MU3 Final Requirements.” While the full scope of hardware needed will not be finalized until later this year, we anticipate that, at a minimum, additional storage will be needed for new required functionality such as Patient Access, ePrescribing, and Implantable Devices. Client/Server and 6.x customers can assume a 5 percent buffer on top of current storage to be allocated to the E: drive partitions on your file servers. MAGIC customers will potentially need a block level conversion.

Application Programming Interfaces (API)

A major point of emphasis with ONC and CMS is opening up access to patient data and encouraging innovation; this is particularly true in the area of mobile application technology. API functionality is meant to push innovation in this area. Certified EHRs will need to have open interfaces to allow other systems to access patient data. Objectives 5: Patient Electronic Access and Objective 6: Coordinator of Care through Patient Engagement include measures which incorporate the use of APIs. Additional infrastructure may be required to run API services. Your updated hardware evaluation task will provide further details. It is important to note that deployment of this interface using an other vendor patient specific app will require a consultation with MEDITECH.

Coordination of Care Through Patient Engagement: Secure Messaging

Objective 6 requires that for more than 25 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message is sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

The MEDITECH system leverages the messaging features in our Patient and Consumer Health Portal and Physician products to achieve this secure communication between provider and patient. If you do not currently utilize the MEDITECH Patient and Consumer Health Portal, it may be purchased to meet the secure messaging requirement. If MEDITECH’s solution will not be used, you must seek an
alternative for performing this function, such as a secure messaging application provided by a certified third party, in which both physician and patients would download and use.

Certification Plans

Development teams are designing and coding software in preparation for certification to the 2015 Edition Health IT Certification Criteria. As noted, MEDITECH’s certified releases will be 5.67, 6.08, and 6.15, along with 6.16 once in general availability. While certifying bodies are not yet scheduling specific dates for EHR Vendor Certification, we are keeping in close contact to ensure all platforms are certified in time for mandatory Stage 3 reporting in 2018.

Complete EHR certifications will not be issued per ONC moving forward. MEDITECH will certify our Base EHR, and additional modular solutions will be certified and available on the Certified Health IT Product Listing (CHPL) as individual Health IT modules. Guidance on these new changes will be provided.

Base EHR and Individual Health IT Modules (Acute)

MEDITECH’s Base EHR (Core HCIS):
- Admissions
- Health Information Management (Medical Records and Abstracting)
- Management Information System
- Pharmacy
- Laboratory Information Systems
- Departmental or Imaging and Therapeutic Services
- Order Entry or Order Management
- Patient Care Inquiry/Clinical Review or Enterprise Medical Record
- Nursing or Patient Care Systems
- Physician Care Manager
- Data Repository (Requires Intelligent Medical Objects, IMO, for nomenclature mapping)**
- ePrescribing (Requires DrFirst for prescription transactions)
- Required 3rd party solutions are outlined in our Costs and Limitations Disclosure. This will be updated later this year to reflect changes for Stage 3.

**MEDITECH’s Data Repository will be used to certify both Functional Measures as well as Clinical Quality Measures and will be a required component of MEDITECH’s Base EHR.

MEDITECH Solutions to be Certified as Individual Health IT Modules:
- Patient and Consumer Health Portal (Requires MEDITECH CCD/Direct Messaging interface)
- Emergency Department Management
- CCD Interface Suite
- Public Health Interfaces.

Base EHR and Individual Health IT Modules (Ambulatory)

- MEDITECH’s Core HCIS (Base EHR)
- MEDITECH’S Ambulatory EHR (Medical and Practice Management 5.67 and 6.08; MEDITECH 6.15 Ambulatory)
- Patient and Consumer Health Portal
- Transmission to Immunization Registries Interface
- Continuity of Care (CCD) Interface Suite
- Transmission to Cancer Case Registries Interface
- Transmission to Public Health Agencies Interface
Moving Forward
MEDITECH will continue to update you on any additional hardware, interfaces, or other vendor requirements as we continue to design and develop solutions for the 2015 Edition certification criteria. Contact the ARRA Mailbox with any questions.